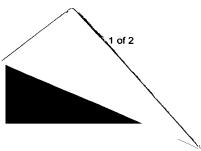
TRANSMITTAL LETTER TO THE UNITED STATES Attorney Docket No. 1501-1286 DESIGNATED/ELECTED OFFICE (DO/EO/US) U.S. Appli CONCERNING A FILING UNDER 35 U.S.C. 371 INTERNATIONAL APPLN. NO. INTERNATIONAL FILING DATE DATE CLAIMED July 3, 2002 PCT/SE03/01131 June 27, 2003 TITLE OF INVENTION: WOUND BANDAGE COMPRISING A NON-ENZYMATIC ANTIOXIDANT APPLICANT(S) FOR DO/EO/US: Hakan NYGREN and Herman SAHLIN Applicant herewith submits to the United States Designated Elected Office (DO/EO/US) the following items and other information: 1. X This is a FIRST submission of items concerning a filing under 35 U.S.C. 371. 2. This is a SECOND or SUBSEQUENT submission of items concerning a filing under 35 U.S.C. 371. This is an express request to begin national examination procedures (35 U.S.C. 371(f)). The submission must include items (5), (6), (9) and (21) indicated below. 4. X The US has been elected (Article 31). 5. A copy of the International Application as filed (35 U.S.C. 371 (c)(2)) a. X is attached hereto (required only if not communicated by the International Bureau). b. has been communicated by the International Bureau. See attached PCT/IB/308. c. is not required, as the application was filed in the United States Receiving Office (RO/US). 6. An English language translation of the International Application as filed (35 U.S.C. 371 (c)(2)) a. is attached hereto. b. has been previously submitted under 35 U.S.C. 154(d)(4). 7. Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. 371 (c)(3)) a. 
are attached hereto (required only if not communicated by the International Bureau). b. have been communicated by the International Bureau. c. have not been made, however, the time limit for making such amendments has NOT expired. d. have not been made and will not be made. 8. An English language translation of the amendments to the claims under PCT Article 19 (35 U.S.C. 371 (c)(3)). 9. An oath or declaration of the inventor(s) (35 U.S.C. 371(c)(4 10. A Declaration of Inventorship for purposes of U.S.A. designation pursuant to rule 4.17(iv). 11. An English language translation of the annexes of the International Preliminary Examination Report under PCT Article 36 (35 U.S.C. 371(c)(5)). Items 11 to 20 below concern document(s) or information included: 12. 
☐ Information Disclosure Statement (IDS) w/PTO-1449 - ☐ Copy of IDS citations. 13. Assignment Papers (cover sheet & document(s)). 14. A preliminary amendment. 15. An Application Data Sheet under 37 C.F.R. 1.76. 16. X Itemized Return Receipt Postcard 17. A substitute specification. 18. Power of Attorney and Statement under 37 CFR §3.73(b) a. Newly executed Power of Attorney b. A change of Power of Attorney and/or change of address letter. 19. A computer-readable form of the sequence listing in accordance with PCT Rule 13ter.2 and 37 CFR 1.821 - 1.825. 20. A second copy of the published international application under 35 U.S.C. 154(d)(4). 21. A second copy of the English language translation of the international application (35 U.S.C. 154(d)(4)). 22. Other items or information: International Preliminary Examination Report (PCT/IPEA/409),

International Search Report (PCT/ISA/210), Abstract of the Disclosure



| U.S. APPLICATION NO. 9 622 INTERNATIONAL PCT/SE03/01131                                                                                                                                                                |               |      |          |                                              |  | PLN. NO. | ATTORNEY DOCKET NO.<br>1501-1286 |                              |       |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|------|----------|----------------------------------------------|--|----------|----------------------------------|------------------------------|-------|--|
| Applicant claims small entity status. See 37 CFR 1.27.                                                                                                                                                                 |               |      |          |                                              |  |          |                                  | CALCULATIONS<br>PTO USE ONLY |       |  |
|                                                                                                                                                                                                                        |               |      |          |                                              |  |          |                                  | P10 03                       | EONLY |  |
|                                                                                                                                                                                                                        |               |      |          |                                              |  |          |                                  |                              |       |  |
| PCT FEES - NATIONAL STAGE                                                                                                                                                                                              |               |      |          |                                              |  |          |                                  |                              |       |  |
| Large Entity Small Entity                                                                                                                                                                                              |               |      |          |                                              |  |          |                                  |                              |       |  |
|                                                                                                                                                                                                                        |               |      | Fee (\$) | Fee Description                              |  |          |                                  |                              |       |  |
| Code                                                                                                                                                                                                                   | ( , ,         | Code | 1 00 (4) |                                              |  |          |                                  | 4000 00                      |       |  |
| 1631                                                                                                                                                                                                                   | 300.00        | 2631 | 150.00   | Basic National Stage Fee                     |  |          |                                  | \$300.00                     |       |  |
| 1632                                                                                                                                                                                                                   | 500.00        | 2632 | 250.00   | National Stage Search Fee                    |  |          |                                  | \$500.00                     |       |  |
| 1633                                                                                                                                                                                                                   | 200.00        | 2633 | 100.00   | National Stage Examination Fee               |  |          |                                  | \$200.00                     |       |  |
| Surcharge of \$130.00 for furnishing the oath or declaration later than 20- 30 \$130.00 months from the earliest claimed priority date (Fee Code 1617/2617)                                                            |               |      |          |                                              |  |          |                                  |                              |       |  |
| SIZE FEE Fee From                                                                                                                                                                                                      |               |      |          |                                              |  |          | Fee From                         |                              |       |  |
| Plant size fee each additional 50 sheets in                                                                                                                                                                            |               |      |          | Additional Sheets Below - 100 = = X \$250.00 |  |          |                                  | \$0.00                       |       |  |
|                                                                                                                                                                                                                        | excess of 100 |      |          |                                              |  |          |                                  |                              |       |  |
| Fee Code 1681/2681                                                                                                                                                                                                     |               |      |          |                                              |  |          |                                  |                              |       |  |
| Independent Claims Fee Codes 1614 / 2614 Number FileD Number EXTRA 0 X \$200.00                                                                                                                                        |               |      |          |                                              |  |          |                                  | \$0.00                       |       |  |
| Total Claims Fee Codes 1615 / 2615 3 - 20 = 0 x \$50.00                                                                                                                                                                |               |      |          |                                              |  |          |                                  | \$0.00                       |       |  |
| MULTIPLE DEPENDENT CLAIM(S) (if applicable) Fee Code 1616 / 2616 + \$360.00                                                                                                                                            |               |      |          |                                              |  |          |                                  | \$0.00                       |       |  |
| Processing fee of \$130.00 for furnishing the English translation later than 20 30 months from the earliest claimed priority date (37 CFR 1.492(f)). Fee Code 1618                                                     |               |      |          |                                              |  |          |                                  | \$0.00                       |       |  |
| Fee for recording the enclosed assignment (37 CFR 1.21(h)). (Fee code 8021)                                                                                                                                            |               |      |          |                                              |  |          |                                  | ¢0.00                        | - ·-· |  |
| \$40.00 per property +  TOTAL FEES ENCLOSED =                                                                                                                                                                          |               |      |          |                                              |  |          |                                  | \$0.00<br>\$1,130.00         |       |  |
|                                                                                                                                                                                                                        |               |      |          |                                              |  |          |                                  | Amount to be refunded:       | \$    |  |
|                                                                                                                                                                                                                        |               |      |          |                                              |  |          |                                  | Charged:                     | \$    |  |
| A check in the amount of \$1,130.00 to cover the above fees is attached.                                                                                                                                               |               |      |          |                                              |  |          |                                  |                              |       |  |
| The Director is hereby authorized to charge indicated fees and credit any overpayment to Deposit Account No. 25-0120 in the name of Young & Thompson. A duplicate copy of this sheet is enclosed.                      |               |      |          |                                              |  |          |                                  |                              |       |  |
| The Director is hereby authorized in this, concurrent, and future replies, to charge payment or credit any overpayment to Deposit Account No. 25-0120 for any additional fee required under 37 C.F.R. §§ 1.16 or 1.17. |               |      |          |                                              |  |          |                                  |                              |       |  |
| 1.16 or 1.17.  SEND ALL CORRESPONDENCE TO: YOUNG & THOMPSON 745 South 23 <sup>rd</sup> Street Arlington, VA 22202  SIGNATURE                                                                                           |               |      |          |                                              |  |          |                                  |                              |       |  |
| Telephone: (703) 521-2297 Benoit Castel, Reg. No. 35 Facsimile: (703) 685-0573 NAME, REGISTRATION N                                                                                                                    |               |      |          |                                              |  |          |                                  |                              | BER   |  |
| Y&T Customer No. <b>00466</b>                                                                                                                                                                                          |               |      |          |                                              |  |          | December 30, 2004                |                              |       |  |